

it would settle the matter in a very definite manner, for the hospitals cannot get along without the educated doctors and their clients."

American Hospital Association to — Hospital:

"Your first vital mistake was made when funds were solicited from the public on the presumption that irregular practitioners would be given equal privileges with doctors of medicine. If this is true it would be far better to raise additional funds to repay those who contributed under these representations rather than attempt to run a hospital with the two under one roof.

"So far as this association is concerned we do not recognize a hospital whose staff admits any of the cults. We believe that a hospital is a place for the scientific care of the sick and that the trustees are *morally and legally responsible* for the application in the institution of all of the modern methods and practices generally recognized by the medical profession. We believe that the trustees have an absolute right, and are legally obligated, to choose the members of the staff and that in making such choice they should be bound by the highest standards that have been set in the country.

"I can conceive of no method whereby a decent hospital can permit osteopaths, or other cults, to practice under its corporate name while keeping faith with the public and maintaining high ideals and, because of this belief, we refuse to accept a hospital as a member of this association where such practitioners are admitted.

"It is realized that you have a practical problem to solve and that there exists considerable public sentiment in favor of the cults in your vicinity but we are convinced that only grief and disorganization can result from the sacrifice of fundamental principles and that your only salvation lies in making a determined stand for the right. *If the osteopaths want hospitals let them establish them and go to the public boldly for their funds rather than hide under the cloak of the profession of medicine whose ideals they would destroy.*

"I see no prospect of a compromise when such involves the sacrifice of the things we have so long fought for and I feel safe in saying that this association is not likely to lower its standards through the clamor of a very small minority that is endeavoring to obstruct the wheels of progress."

I might quote more at length and from additional sources, but surely enough has been said to clearly outline the issue between adequate education and morality on the one hand and the hosts of "sciosophy" on the other, at least insofar as hospitals are concerned. A similar problem is forcing itself to the front in the conduct of "clinics," the duties, responsibilities and ethics of nursing and a score or more contacts between agencies of health based upon intelligence and the machinations of the hosts of "sciosophy."

A STUDY OF SURGICAL DIAGNOSTIC ERRORS

The most accurate check yet devised to determine the errors of physicians in their clinical judgment as expressed in diagnoses is, to compare the clinical findings with the autopsy findings in a series of cases. This has been done repeatedly in various centers, but not as often as it should be.

Several months ago (January) we noted in these columns the interesting study made by Sison and Sison from the medical records of patients of the Philippine General Hospital, Manila. More recently, C. M. Reyes (Journal of the Philippine Islands Medical Association) has made a similar comparative study of the clinical and post-mortem

records of the fatal surgical cases of the same hospital during the past twelve years. This study, says the author, is an inquiry "into the extent and gross causes of the discrepancies occurring between the clinical diagnosis on one hand, and the pathological findings on the other, in 1065 surgical and gynecological cases that passed through the free wards of the Philippine General Hospital and went to autopsy during the first twelve years of its existence."

Leaving out of consideration certain conditions, the analysis of the records shows 3708 diagnoses for 1065 patients. Errors of commission (as determined by autopsy) occurred 729 times (19.6%), of which 287 or 7.7% are recorded as excusable errors. Errors of omission were 1719 or 46.3%, of which 761 or 20.5% were classed as excusable after autopsy studies. Clinical diagnoses were correct 1260 times or in 33.9%, of all the 3708 diagnoses.

A hospital like the Philippine General Hospital, where the faculty of a medical school is ex officio the staff of the hospital; where the well known Bureau of Science and the city morgue are all located upon the same campus, and where each and every clinical diagnoses found in every patient is entered upon the clinical record; where the anatomic diagnosis is made equally complete and where autopsy is secured for well over 90% of patients, offers particularly favorable opportunities for studies of this character.

It is worth noting that Reyes' findings are—as they should be—a comparison between *diagnoses* independent of the number of patients. His 1065 patients had 3708 clinical diagnoses and he did not consider many others that were of little consequence or could not be checked up by autopsy.

The showing made by the study compares favorably with somewhat similar reports elsewhere. There is some consolation in the figures and much that should stimulate clinicians to devote more serious and thorough study to their patients; and there is a sharp warning for all of us who may tend to grow careless under conditions where carelessness is paid for with health or even life.

DON'T FORGET

The Lane Medical Lectures, so fully described in the September issue of CALIFORNIA AND WESTERN MEDICINE, page 1179, are to be held in Lane Hall, Monday to Friday, November 9 to 13, 1925.

Graduate instruction in medicine seems to be the order of the day, and it is difficult to conceive how more valuable or lasting benefit may be secured by any physician in any way interested in the problems of orthopedic surgery than by attending these lectures.

Tom Sawyer on Vaccination—"I ain't denying that a thing's a lesson if it's a thing that can happen twice just the same way. There's a lot of such things, and they educate a person, that's what Uncle Abner always said; but there's forty million lots of the other kind—the kind that don't happen the same way twice—and they ain't no real use, they ain't no more instructive than the smallpox. When you've got it, it ain't no good to find out you ought to have been vaccinated, and it ain't no good to get vaccinated afterward, because the smallpox don't come but once."—Tom Sawyer Abroad.